

February 1995

Clinical Center News

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CC town meeting covers progress, plans

In his first town meeting since becoming director of the Clinical Center, Dr. John Gallin focused on initiatives to efficiently enhance research resources and outlined what governmental streamlining will likely mean for employees.

A key initiative is the new, 250-bed research hospital with a prominent day hospital and new lab space that will serve as the cornerstone for the CC of the future, he told the more than 300 employees who attended the Jan. 20 meeting.

"To prepare for the new hospital we have begun consolidating existing inpatient units to reduce the total number of available hospital beds from 416 to 325," Dr. Gallin said. "The cost is projected at \$380 million and will be drawn from intramural funds and other sources."

CC service centers

Dr. Gallin announced eight core services planned for implementation as early as summer to improve CC contributions to the institutes. These services will do the following:

- Create a centralized patient-recruitment service to handle normal volunteer recruitment and strengthen efforts to attract a more diverse patient population.
- Provide centralized management of patient travel services.
- Offer centralized integration of clinical and scientific records throughout the CC and around the country.



CC Director Dr. John Gallin (left) answers employee questions following Jan. 20's town meeting. Some 300 Clinical Center staffers attended the meeting, which included an overview of initiatives, plans, and accomplishments.

- Build an adult version of Children's Inn.
- Offer a centralized stem-cell service to harvest and transfect stem cells using retroviruses and other vectors through the Department of Transfusion Medicine.
- Expand DTM's tissue-typing service for all NIH investigators.
- Manage a centralized vector production service that will provide the vehicles for delivering genes to the cells.
- Help NIH investigators with study design, clinical epidemiology,

and biostatistical analysis.

Innovations in information systems

Digitalization of images and tele-medicine will enhance patient and data monitoring, Dr. Gallin pointed out. "We will be setting standards in computer technology for clinical research that will strengthen interaction between the extramural and intramural programs. New funds have been approved in the FY96 budget for training and research and for application to the new computer technology."

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Title 38 pay for physicians approved

NIH has received legislative authority to supplement salaries for certain physicians under a special category of federal pay known as Title 38.

"Once all the details of implementation are ironed out, Title 38 will allow us to offer competitive salaries to physicians involved in patient care in scarce clinical specialties," says Dr. John Gallin, CC director. "If we want to remain the country's premier clinical research facility we must be able to attract the very best clinical researchers. This will be a major benefit for physicians

working here."

Title 38 refers to the law that authorizes a variety of special pay supplements for Veterans Administration employees. Title 38 of the U.S. Code was developed initially to help recruit and retain physicians and other health professionals in the Veterans Administration.

About 1,000 nurses and allied health professionals at the Clinical Center currently receive pay under Title 38 authority. The authority for the special pay was extended first to Clinical Center nurses through a special act of Congress in 1986, noted

Tom Reed, director of the Office of Human Resources Management. Similar legislative action makes possible the extension of the benefit to physicians throughout the Public Health Service.

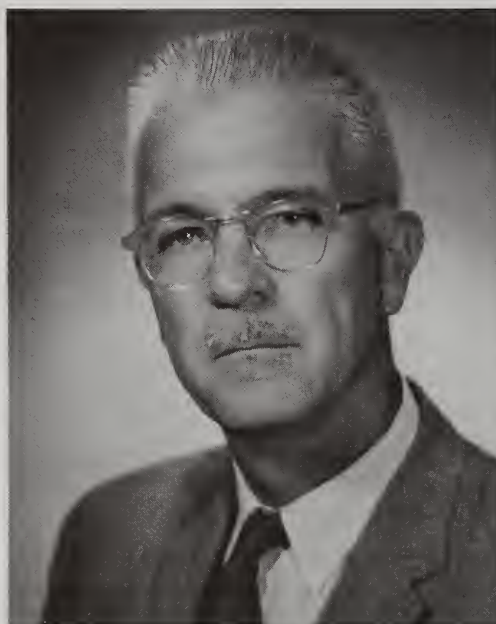
"Dr. Varmus [NIH director] has worked extremely hard to make Title 38 a reality here," Dr. Gallin said. "We owe a great deal to Elizabeth Sands and Tom Reed in the CC Office of Human Resources Management and to Stephen Benowitz of the NIH personnel office for their efforts in working out the details."

Clin Path's first chief dies in California

Dr. George Zur Williams, founder and first chief of the CC Clinical Pathology Department in the early 1950s, died Nov. 22 at his home in Tiburon, Calif., after a short illness. He was 87.

Dr. Ronald Elin, chief of the Clinical Pathology Department, said of Dr. Williams, "He created a department with a commitment to quality and a vision to the future. Under Dr. Williams's direction, this clinical laboratory was the first in the world to report results using a computer. The legacy of his work is still with us."

A founding member of the College of American Pathologists, Dr. Williams came to NIH in 1953 to plan and establish the research clinical labs at the newly built Clinical Center. His goal was to put into place a lab with the highest accuracy and precision available with the technology of the day and to concentrate on improving precision and sensitivity. He also initiated the development of computer enhancement, control, and automation of



Dr. George Zur Williams, founder and first chief of the CC Clinical Pathology Department, died Nov. 22.

laboratory technology. He and his hand-picked staff established a rigorous residency training program and insisted that each resident participate in research. This lab set the national standards for computerization and automation in

lab settings.

His personal research focused on cancer cytology using ultraviolet microscopic measurements of intracellular metabolic chemistry and in chemically measuring cellular effects of radiation and chemotherapy agents. His lab developed and tested the first method of apheresis for separation of white blood cells for treating leukemia.

After leaving NIH, Dr. Williams moved to San Francisco where he established a new institute of health research in the Medical Research Institute at the Pacific Medical Center. There he was able to develop long-term studies of blood chemistry, hematology, and physiology, as well as the personal habits of nutrition, physical activity, and abuse habits of healthy men and women.

He is survived by his wife, Julianne Williams, of Tiburon, Calif.; daughter, Jeannine A. Monson of San Rafael, Calif.; son, Kenneth D. Williams, of Rockville; nine grandchildren; and 12 great-grandchildren.

**Clinical Center
News**

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Nursing honors

Recently honored upon their retirement from the Nursing Department were (from second left) Concetta Morano, 30 years, division of marketing, clinical systems and quality improvement; Bertha Riddick, 27 years, 12th floor outpatient clinic; and Eleanor Edberg, 28 years, 4 East. With them is Kathy McKeon, associate CC director for nursing. Other recent retirees include Bernice Blumenthal, 16 years, 13 East; and Ruth Spicer, 8 years, 11 East. Also leaving the department recently was P.J. Maddox, who had served as deputy director for nursing since 1990 and had been at the Clinical Center since 1982.

briefs

Garage project still to come

The Clinical Center's two-year, multi-phased project to overhaul the parking garage is expected to begin within the next couple of months. Division of Engineering Services officials note that the project's contract, initially expected to be awarded in January, was amended to include additional contractor requirements. Watch for signs on the project's progress.

Training for scientists looks at HIV/AIDS issues

The HIV/AIDS awareness training federally mandated in 1993 has been streamlined for senior researchers who possess indepth background and knowledge related to HIV/AIDS transmission.

The Office of AIDS Research and the Division of Workforce Development will offer the one-hour sessions in Lipsett Amphitheater Feb. 6, 13, 21, 23, 27, and March 13 and 20.

The program focuses on workplace and supervisory issues related to HIV/AIDS, and stresses communications tools scientists can use to help

educate others about HIV/AIDS.

The sessions are an outgrowth of a federal mandate that agencies provide employees training about HIV and AIDS awareness and prevention.

Some 18,000 NIH employees have already completed the training, which began last year. Make-up sessions for employees who haven't taken the class and who do not have indepth knowledge on these issues are slated through March.

Clinical Center staffers can call Stacey Bauman, education and training section, CC Office of Human Resources Development at 496-1618 for registration information.

Information is also available from the Division of Workforce Development's HIV and AIDS in the Workplace Hotline at 402-3392.

Class offered

Call the education and training section, Office of Human Resources Management at 496-1618 for details on the March class, "Motivating Your Employees." It fulfills the 40-hour training requirement for probationary supervisors. It's offered March 6, 8,

10, 14, and 16, 9 a.m.-4:30 p.m. each day, 6100 Executive Blvd.

Donor Center hours announced

The NIH Blood Donor Center located in the CC Department of Transfusion Medicine is open Monday, Wednesday, Thursday and Friday, 7:30 a.m.-3:30 p.m.; Tuesdays, 7:30 a.m.-12:30 p.m.; and 7:30 a.m.-6 p.m. on the third Thursday of each month. Call 496-1048 for an appointment.

Volunteers needed

NIDCD's voice and speech section seeks volunteers for a research study of two medications affecting the levels of different neurotransmitters, dopamine and serotonin, in the brain, and how they might affect levels of fluency. Volunteers must be in good health with no history of seizures, heart problems, liver or kidney disease, or glaucoma, and be on no medications. If accepted, participants must be seen once every three weeks for a total of seven weekday visits. Call Dr. Shelia Strager at 496-9365 for details.

New computer processing unit dubbed Rose, speeds system operations

A new computer processing unit for the medical information system (MIS) installed last month by the Information Systems Department is putting new zip and adaptability into computer operations at the Clinical Center.

A second upgrade, scheduled in six months, will further enhance response time for MIS and pave the way for full implementation of the new, comprehensive computerized appointment system.

"When the last computer was installed in 1985, there were fewer than 200 terminals connected to the medical information system," points out Dr. Tom Lewis, CC associate director for information systems. "Today, there are nearly 500, including some experimental network connections being developed with NIAID and NCHGR." The increased processing capability will allow the CC to expand services in several different ways, including better support for terminals currently connected to the system.

Dr. Lewis noted that recent CC efforts have focused on developing technology to allow connecting MIS terminals to the NIH network while maintaining confidentiality of patient information, limiting access to authorized users only, and insuring rapid response time, crucial to patient care.

"The new mainframe is quicken-

ing response time for reports and patient data," explains John Franco, senior systems analyst in ISD's systems development and research section. "It's almost four times faster and a tenth the size of the one it replaces."

The new machine can process 15 million instructions per second, he points out. The old unit handled 4 million per second.

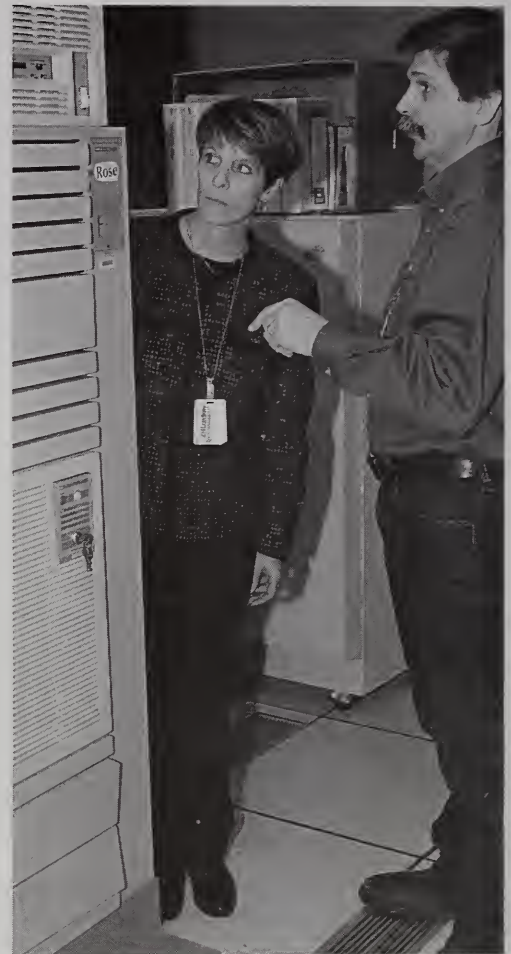
"It also can read and write data to disk at 4.5 million characters per second on each of its channels, 50 percent faster than its predecessor," says Dr. Lewis.

But the new system is built for more than speed. It also provides added safeguards for data and supports new applications for information systems programs.

"We will be able to back up data in two places, in the department and with the Division of Computer Research and Technology," Franco says. "We now have the capability to build on existing information systems and to add new ones. We were operating at capacity with the old computer."

"The new unit and the next upgrade open doors that allow MIS to do what people want it to do," adds Reggie Kilner, applications analyst.

"Rose"—the computer was supposed to be pink but isn't—is



Reggie Kilner (left) and John Franco take a look at Rose, ISD's new computer processing unit.

about the size of a compact refrigerator. A 9221-211 IBM ES 9000, Rose cost about \$300,000, some \$200,000 less than the last computer the department installed.

Rose replaces a unit added in 1985 when the original computer in B1 was flooded by accident.

Normal volunteer program expanded

A pool of volunteers to participate in clinical research is crucial to scientists, and providing those volunteers has long been the primary mission of the Clinical Center's normal volunteer program.

That mission is now being expanded to increase the diversity of the volunteer pool and broaden the program's visibility nationally. The program, which had been part of the Social Work Department, will report of the Office of the Director.

"Normal volunteers are a key component in the success of research," says Dottie Cirelli, assistant hospital administrator and acting

program director. "Our first step will be to set up a central recruitment, registration, and tracking system for normal volunteers. We've also begun updating program policies and procedures and will work to strengthen relationships and interface with the medical board.

"Judith Williams, who had served as acting director last year while the program was in the Social Work Department, did an excellent job initiating efforts to increase the diversity among volunteers," Cirelli noted, "and we plan to build on those efforts."

Colleges and universities across

the country provide many of the volunteers who come to the Clinical Center to participate in research. Other volunteers come from the local community.

A prime attraction for students and new graduates is the opportunity to be paired with NIH preceptors while here for lab and other work experience.

"The preceptorships traditionally have been in the scientific fields," Cirelli points out. "I'd like to begin working with CC department heads to broaden the kinds of work experiences offered."

Key appointments made in Information Systems

Alan S. Graeff, deputy chief of NIAID's information technology branch since 1991, has been named chief of the CC Information Systems Department (ISD).

Don Preuss, chief of NIAID's computer engineering section since 1992, will join ISD as chief of the systems development and research section.

In announcing the Feb. 19 appointments, Dr. John Gallin, CC director, said, "These two computer professionals have worked as a team to develop perhaps the best and most innovative computer-delivered information system at NIH. We are lucky to have them on our team to help the Clinical Center usher in a new era in information systems."

"Dr. Gallin's agenda for information technology at the Clinical Center is a far-reaching one," Graeff says, adding that establishing a network infrastructure for the Clinical Center will be a priority. "We'll also reach out to the extramural medical communities to break down the distance barriers using new technologies such as tele-medicine and tele-radiology."

The networking foundations will support innovations in administrative as well as clinical arenas. Video conferencing, for example, can be a cost saver in both the clinical research and administrative communities, Graeff points out.

Graeff earned the B.S. degree in distributed sciences at American University in 1977. He began his career as a biologist in NIAID and NCI labs integrating into his work the evolving capabilities of computer data networking. He joined NIAID's information technology branch in 1987, and was named chief of the branch's technical systems section in 1989. He received an NIH Director's Award in 1993.

Preuss, a computer science graduate of the University of Maryland, has worked as a computer network engineer involved with



Alan Graeff (left) has been named chief of the Information Systems Department. Don Preuss will join the department as chief of the systems development and research section.

telecommunications in NIAID and NIH since 1984. He has collaborated with many organizations here, including NLM to create the Grateful

Med network and with the Clinical Center to provide access to the Medical Information System over the network.

Coe named 11 West head nurse

Linda Coe has been named head nurse of 11 West, outpatient clinic 11, and the 11-East day hospital. A staff nurse since 1984, Coe had been a clinical nurse specialist assigned to endocrine, eye, and rheumatology units for the past four years. She earned the B.S. in nursing at the State University of New York—Binghamton and the master of science in nursing at Catholic University. Coe, a certified diabetes educator, is a member of Sigma Theta Tau, the American Nurses Association, and is on the Board of Directors of the Maryland Nurses Association.



CC at heart of Kelly's NIH career

Addressing the invitations to the Clinical Center's 1953 dedication was one of Nancy Kelly's assignments early in her NIH career.

It's a career that's spanned 40 years, and her special connection to the Clinical Center has never wavered. A hospital administrative officer, Kelly, who retired last month, had worked since 1977 guiding efforts to help reshape the CC into a structure that supports science and medical care, which grows more complex every year.

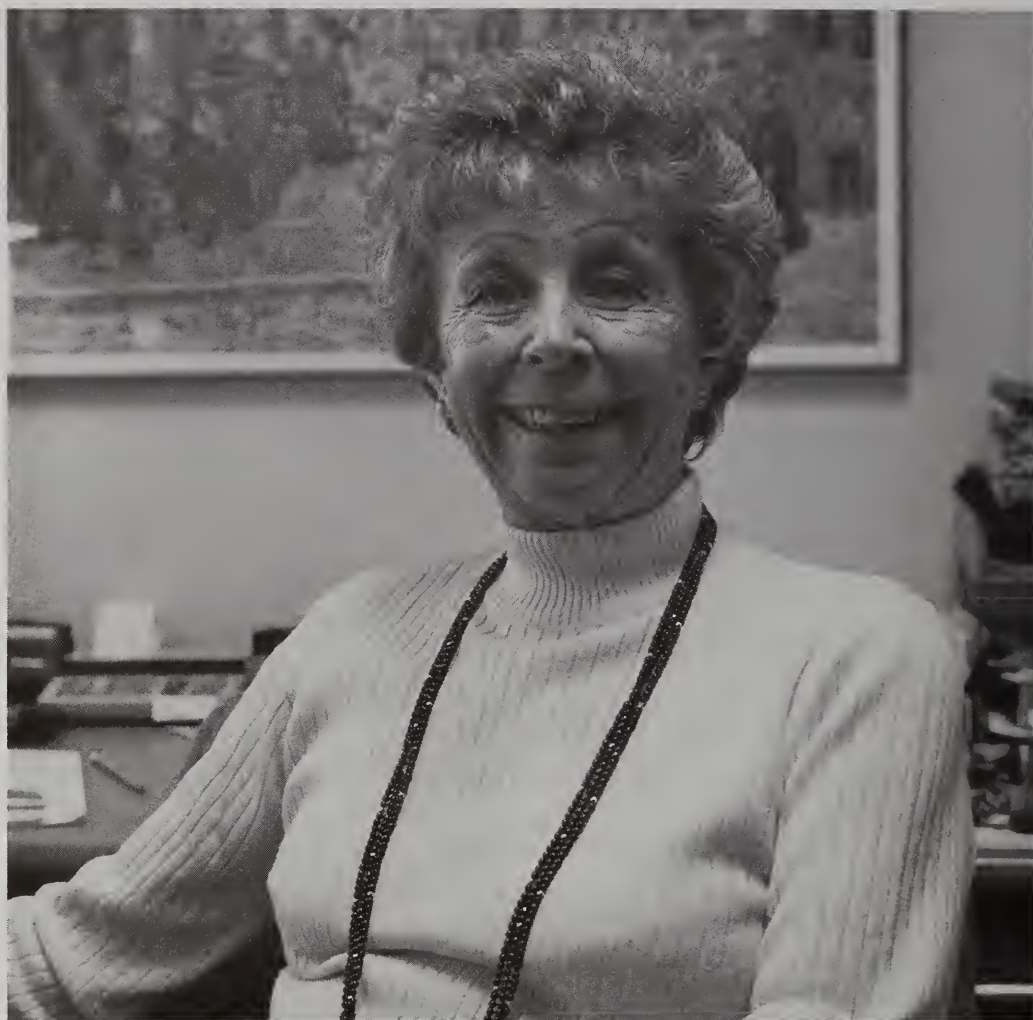
Kelly's first job at NIH was in the National Cancer Institute, and in 1953 she transferred to the Office of the Director as a secretary during Dr. William Sebrell's tenure as NIH director.

"Once the Clinical Center opened, staffing was small as different areas were gradually opened," she recalls. "The admissions and reception desk was staffed with part-timers who worked full-time elsewhere at NIH. That's how I first came to the Clinical Center, working one or two evenings a week."

Kelly left NIH to raise her family in 1955, and returned in 1961 to eventually work as one of the institution's round-the-clock administrative officers of the day. "The hospital had one on duty during each eight-hour shift daily," Kelly explains. "I was among the first to hold one of these positions, along with [retired patient representative] Betty Schwering and [Outpatient Department's] Jesse Ferguson," Kelly recalls.

A stint with the IRS in Florida interrupted Kelly's Clinical Center career in the early 70s. When she returned she became one of the CC's first hospital administrative officers.

"Hospital administrative officers are assigned inpatient areas," Kelly explains. "I have been responsible for several cancer and neurology units. In that role, I work with the head nurses to develop budgets for the units, including supplies and equipment.



Nancy Kelly, hospital administrative officer, retired last month after a 40-year career.

We're also responsible for unit upgrades and renovations."

That means monitoring and guiding projects from design to actual use with one overriding concern, the patients.

"The patients always come first," Kelly says. "And we pay a lot of attention to the function of a space, because people who deliver the care are important, too."

The upgrade on 5 West, completed in 1991 was Kelly's project. "It was the first unit to have an upgrade and we had to carve out space for features that have become standard in other upgrades," she says, "features such as an enlarged nurses station and corridor lighting design."

Carving out more space for nurses' stations during unit upgrades is something Kelly points to with

pride. "The stations originally designed in the 40s are too restrictive and can't accommodate new technology such as the computers," she points out.

"Working here has been a happy experience," Kelly says. "The Clinical Center has always been, above all, a place where employees are committed to providing the best environment for our patients and the best care for them. I have never seen that waver."

Another thing that's never waned is Kelly's devotion to her family and her wanderlust. Visits with her five children and nine grandchildren top Kelly's retirement agenda, along with trips to Europe, Florida, and Australia.

... town meeting

Continued from page one

Government reinvention

"We will use this governmental streamlining process as an opportunity to review and revise organizational structure," Dr. Gallin said.

Some specific reductions are likely. They include:

- The overall number of FTEs, and the number employees rated GS14 and above. "We plan to reduce the number of FTE gradually each year so that by the end of FY99 we will have reduced a total of 264 positions," Dr. Gallin explained.

- The supervisor-to-employee ratio, currently at one-to-seven. "By the end of FY99, the ratio will have to be one-to-16," Dr. Gallin said. "We can get halfway to our goal by simply recoding some positions. This will not affect anyone's rate or salary, although we may have to modify our organizational structure. We do not intend to lower anyone's grade in accomplishing our goals."

- The number of staff in "control" positions, that is, jobs in personnel, budget, finance, and acquisitions. Those slots number 88 in this fiscal year, and will have to be at 65 in FY99. "We expect to get there in part through patient-care consolidations and new efficiencies, but we will reach our goals gradually."

Dr. Gallin has asked CC department heads for ideas on reaching these targets with the least disruption of current staff. "My objective is to meet our new requirements with regard to personnel ceilings without anyone losing his or her job or being downgraded without cause," Dr. Gallin said. "We hope to accomplish our task through normal attrition and we will also take into account the goals of the new NIH affirmative action program as we implement the plan."

That new plan, he went on to explain, for the first time establishes institute hiring and promotion goals, timetables, and direct accountability for accomplishing these goals. "The plan will set a more realistic and accurate baseline of the availability of



Some 300 employees attended Jan. 20's town meeting conducted by Dr. John Gallin, CC director.

minorities and women for scientific occupations as well as for administrative, technical, clerical, blue collar, and temporary positions."

JCAHO

Thanking CC staffers for a job well done in preparing for last fall's Joint Commission on Accreditation of Healthcare Organizations, Dr. Gallin noted that the CC received high marks and will be granted a full three-year accreditation. "This effort reflects the consistently high quality of care that we provide to our patients. The reviewers especially mentioned how impressed they were with the quality and commitment of our staff."

Core curriculum

The CC is national model for clinical research, and Dr. Gallin leads efforts to develop a curriculum to teach scientists how to best conduct clinical research. "We plan to offer the first class this spring," he explained, "and by next summer, we will offer the course to the entire new group of clinical associates."

Research guidelines

Dr. Gallin is working with the Medical Board to develop guidelines for clinical research that can be used by all institutes engaged in clinical research at the Clinical Center. "Hopefully, these guidelines, which in essence will be a set of standards for doing clinical research, will be applied broadly around the country."

Equipment upgrades

Upgrades of three CT scanners and an MRI scanner are in progress, and another MRI is being purchased. "The upgrades will make it possible to process more patients using state-of-the-art imaging technology and enhance our clinical research."

New staff

Dr. Gallin introduced the CC's two new deputy directors. Walter Jones was named deputy director for management and operations in October, and Dr. David Henderson took the position of deputy director for clinical care in January. "Dr. Henderson will help develop future clinical programs assuring continuation of the high-quality patient care that's been characteristic of the Clinical Center," Dr. Gallin said. "He will serve as a principal conduit between the clinical and administrative limbs of the Clinical Center."

Jones's experience in cost-containment, construction, and renovation planning and systems development, Dr. Gallin noted, will be particularly valuable as we take actions to improve the efficiency and economy of the hospital.

Dr. Gallin said that search committees are directing recruitments for three other top positions, chiefs of the pediatric unit, the bioethics program, and the pharmacy department.

Feb. 14 program spotlights marrow donor awareness

Dr. Walter D. Broadnax, deputy secretary, HHS, is keynote speaker for Feb. 14's marrow donor awareness and recruitment drive set for 11 a.m.-1 p.m. in Masur Auditorium.

Dr. Clive Callender, a pioneer in organ donation education programs for minorities and director of Howard University Hospital's transplant center, is guest speaker. Two marrow donors, including NIH employee Peggy Brandenburg, will also speak about their experiences.

"Thousands of Americans are stricken each year with leukemia, aplastic anemia, and other fatal blood diseases," program planners note. "For many, their only chance of survival is a bone marrow transplant. Due to the unique characteristics of an individual's bone marrow, the best chance for success rests between donors and patients who share the same racial or ethnic ancestry."

The Feb. 14 drive is dedicated to African Americans who are currently searching for a matching donor.

Gallelli named senior advisor

Dr. Joseph F. Gallelli has been named senior advisor for biotechnology product development in the Clinical Center's Office of the Director.

He will oversee and advise on the manufacture and development of biopharmaceutical and biotechnology products for human use at NIH. Initial efforts will focus on assisting in the development of gene-therapy products for the Department of Transfusion Medicine.

"Dr. Gallelli brings a special expertise to these new initiatives and we are fortunate he will help us with these important new activities," said Dr. John Gallin, CC director.

Dr. Gallelli is currently working on the development of good manufacturing practices (GMP) of pharmaceutical-grade, cell-culture media and assisting in the design and construction of a GMP cell-processing pilot scale production facility for ex-vivo transduction of vectors and other clinical trial gene- and cellular-therapy products.

Former chief of the CC Pharmacy Department, Dr. Gallelli



Dr. Joseph F. Gallelli has been named CC senior advisor for biotechnology product development.

has also served as chief of the department's pharmaceutical development section and as a pharmaceutical scientist in the Wyeth Institute for Medical Research at Wyeth Laboratories. He earned his undergraduate degree in pharmacy, his master's in industrial pharmacy, and the Ph.D in pharmaceutical chemistry at Temple University in Philadelphia.

february

**8 Grand Rounds
noon-1 p.m.
Lipsett Amphitheater**
*Heparin-Induced
Thrombocytopenia,*
McDonald Horne, M.D., CC;
*Treatment of Vascular
Restenosis Using Adenovirus
Mediated Gene Transfer,* Toren
Finkle, M.D., Ph.D., NHLBI

**8 Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium**
*Natural Grafting in Parkinson's
Disease,* Anders Bjorklund,
M.D., University of Lund,
Sweden; *Surgical Approaches to
Parkinson's Disease,* Mahlon R.
DeLong, M.D., Emory
University School of Medicine.
Hosted by the Neurobiology
Interest Group

**15 Grand Rounds
noon-1 p.m.
Lipsett Amphitheater**
*Hemolytic Transfusion
Reactions: New Approaches
to an Old Problem,*
Richard J. Davey, M.D., CC;
*Angiogenesis Is Your Friend:
Toward Safer and Proven
Effective Adjuvant Cancer
Therapy,* Paul Okunieff, M.D.,
NCI

**15 Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium**
*Rendering the Brain Resistant
to Stroke,* Dennis W. Choi,
M.D., Ph.D., Washington
University School of Medicine.
Hosted by the NIH Postdoctoral
Fellows

**22 Grand Rounds
noon-1 p.m.
Lipsett Amphitheater**
*Endothelial Dysfunction in
Patients with Hypertension
and Hypercholesterolemia,*
Julio Panza, M.D., NHLBI

**22 Wednesday Afternoon
Lecture
3 p.m.
Masur Auditorium**
*Membrane Trafficking in the
Nerve Terminal,* Richard H.
Scheller, Ph.D., Stanford
University. Hosted by the Cell
Biology Interest Group